

STATE OF MAINE

DISTRICT COURT

Location \_\_\_\_\_

Docket No. \_\_\_\_\_

In re: \_\_\_\_\_

Petitioner

**REQUEST FOR APPOINTMENT OF  
COUNSEL FOR EMANCIPATION  
PETITION**

I, \_\_\_\_\_, am \_\_\_\_\_ years of  
age (must be at least 16 years of age). My date of birth is \_\_\_\_\_.

The names and addresses of my parents, guardians or custodians are:

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone \_\_\_\_\_

I desire to petition this court for an order of emancipation. I request this court to appoint  
an attorney to petition for my emancipation.

Date: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

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**ORDER**

The court appoints \_\_\_\_\_  
to represent the Petitioner named above in an emancipation proceeding pursuant to 15 M.R.S.A.  
§ 3506-A. Counsel shall file a Petition for Emancipation within thirty days of receiving notice of  
this appointment, or the matter is subject to dismissal without further notice to counsel or the  
juvenile and without prejudice. See Administrative Order. 05-19.

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge